

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State
04-09-2003 90098 032 ***150.00

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DOCUMENT # P02000016673

1. Entity Name

CUSTOM LANDSCAPES OF FLAGLER, INC.



Principal Place of Business

8 WILKINS PLACE
PALM COAST FL 32164

Mailing Address

8 WILKINS PLACE
PALM COAST FL 32164

2. Principal Place of Business

2 COLLIER CT.

3. Mailing Address

2 COLLIER CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PALM COAST FL.

City & State
PALM COAST FL.

4. FEI Number

45-0465665

Applied For

Not Applicable

Zip
32137

Country
U.S.

Zip
32137

Country
U.S.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CHARSHEE, DONALD E
8 WILKINS PLACE
PALM COAST FL 32164

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2 COLLIER CT.

City
PALM COAST

State
FL

Zip Code
32137

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CHARSHEE, DONALD E
8 WILKINS PLACE
PALM COAST FL 32164

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2 COLLIER CT.
PALM COAST, FL 32137

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald E Charshee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03
Date

386 931 4876
Daytime Phone #

CR2E034 (10/02)